

# **E X H I B I T   “A”**

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p><b>A. Signature</b> <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><b>B. Received by (Printed Name)</b> <i>[Signature]</i> <b>C. Date of Delivery</b></p> <p><b>D. Is delivery address different from item 1? <input type="checkbox"/> Yes</b> If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p><b>1. Article Addressed to:</b></p> <p><b>HARTFORD UNDERWRITERS INSURANCE CO 1 HARTFORD PLZ HARTFORD CT 06155</b></p> <p></p> <p>9590 9402 7888 2234 6756 31</p>		<p><b>3. Service Type</b></p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
<p><b>2. Article Number (Transfer from service label)</b></p> <p><b>7022 2410 0001 1300 3026</b></p>		<p><b>Domestic Return Receipt</b></p>	

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

